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TO	Examiner Robert Kunemund
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FAX NUMBER	17038729306
FROM	John Wooldridge
DATE	2005-03-09 20:02:09 GMT
RE	IDS in 09/896,722

COVER MESSAGE

Dear Sir or Madam,

The Issue Fee must be paid on March 17, 2005. Therefore it is urgent that the attachments be forwarded to Examiner Robert Kunemund immediately.

John Wooldridge
Attorney of Record
808-875-0012

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Daniel Stearns et al. Attorney Docket: CIL-10843
Serial No. : 09/896,722 Art Unit: 1765
Filed : June 29, 2001 Examiner: R. Kunemund
For : A Method To Repair Localized Amplitude Defects In A EUV Lithography Mask Blank

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF FAXCIMILE

I hereby certify that the *attached* correspondence comprising:

1. Information Disclosure Statement;
2. Form 1449;
3. Fee Authorization (in duplicate); and
4. Certificate of Faxcimile

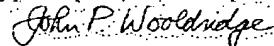
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Examiner Robert Kunemund
Fax number (703) 872-9306
Commissioner for Patents
Washington, D.C. 20231

on March 9, 2005

John P. Wooldridge

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(Signature of person faxing paper)

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INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Forwarded herewith is an Information Disclosure Statement, Form-1449, in
the above-identified application.

Respectfully submitted,



John P. Wooldridge
Agent for Applicants
Registration No. 38,725

Dated: March 9, 2005

FORM PTO-1449

Sheet 1 of 1